

APPLICATION FOR HIGHWAY SAFETY PROJECT GRANT

PROJECT TITLE			
YEAR OF PROJECT TO BE FUNDED		DURATION OF PROJECT (MONTH & YEAR)	
<input type="checkbox"/> 1ST	<input type="checkbox"/> 2ND	<input type="checkbox"/> 3RD	FROM: TO:
ORGANIZATION REQUESTING GRANT			FEDERAL ID NO.
ADDRESS			
TYPE OF ORGANIZATION			
<input type="checkbox"/> STATE	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY	<input type="checkbox"/> OTHER
NAME OF UNIT IF DIFFERENT FROM ABOVE			
ADDRESS			
CERTIFICATION <i>We the undersigned agree to comply with regulations governing grants (Form TSS-12) and with guidelines for submitting Highway Safety Project Grants Applications for funding in the fiscal year indicated on this application.</i>			
PROJECT DIRECTOR		TITLE	
ADDRESS			TELEPHONE
E-MAIL			FAX
SIGNATURE			DATE
AUTHORIZING OFFICIAL OF ORGANIZATION		TITLE	
ADDRESS			TELEPHONE
SIGNATURE			DATE

PROJECT MONITOR		DATE RECEIVED	DATE REVIEWED	
DMV USE ONLY		TSS REVIEW DATE		
		PROJECT FUNDED TO:		
		<input type="checkbox"/> AGENCY	<input type="checkbox"/> LOCALITY	<input type="checkbox"/> DMV DISTRICT _____
		PROJECT NUMBER		
		FED. SECTION CODE	CFDA NUMBER	
APPROVED FUNDS				
\$				
TSS APPROVAL DATE				
	DMV APPROVAL SIGNATURE			



APPLICATION FOR HIGHWAY SAFETY PROJECT GRANT

TSS 10 (01/18/05)

PROJECT TITLE (1)		
YEAR OF PROJECT TO BE FUNDED (2) <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD		DURATION OF PROJECT (MONTH & YEAR) FROM: (3) TO: (3)
ORGANIZATION REQUESTING GRANT (4)		FEDERAL ID NO. (5)
ADDRESS (6)		
TYPE OF ORGANIZATION (7) <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY <input type="checkbox"/> OTHER		
NAME OF UNIT IF DIFFERENT FROM ABOVE (8)		
ADDRESS (9)		
CERTIFICATION <i>We the undersigned agree to comply with regulations governing grants (Form TSS-12) and with guidelines for submitting Highway Safety Project Grants Applications for funding in the fiscal year indicated on this application.</i>		
PROJECT DIRECTOR (10)		TITLE (11)
ADDRESS (12)		TELEPHONE (13)
E-MAIL (14)		FAX (15)
SIGNATURE (16)		DATE (17)
AUTHORIZING OFFICIAL OF ORGANIZATION (18)		TITLE (19)
ADDRESS (20)		TELEPHONE (21)
SIGNATURE (22)		DATE (23)
PROJECT MONITOR		DATE RECEIVED
DATE REVIEWED		
COMMENTS		
		TSS REVIEW DATE

Follow the numbers and use the definitions below to complete page 1 of Form TSS-10, "Application for Highway Safety Project Grant".

- PROJECT TITLE - - A short title which describes what work the project will do (e.g., "Selective Enforcement Unit" or "Pedestrian Information Program").
- YEAR OF PROJECT TO BE FUNDED - - Awarded highway safety project grants do not exceed 12 months. Indicate whether you are seeking funds for the first, second, or third year of the project.
- DURATION OF PROJECT - - Federal fiscal year is October 1 through September 30. Therefore, October 1 of the current year through September 30 of the next calendar year should be indicated.
- ORGANIZATION - - Name of organization applying for funds (e.g., Richmond Police Department).
- FEDERAL ID NO. - - Number assigned to an organization for identification purposes.
- ADDRESS - - Exact location of organization requesting funds.
- TYPE OF ORGANIZATION - - Check appropriate block. If "Other" is checked, identify in space provided.
- NAME OF UNIT IF DIFFERENT - - If name of unit is different from name entered in block 4, write the unit name here.
- ADDRESS - - If unit address is different from the address entered in block 6, write the unit address here.
- PROJECT DIRECTOR - - Name of person responsible for directing the highway safety project.
- TITLE - - Occupational title of project director.
- ADDRESS - - Business address of project director.
- TELEPHONE - - Business telephone number of project director.
- E-MAIL - - Business e-mail address of project director.
- FAX - - Business fax number of project director.
- SIGNATURE - - Written signature of project director.
- DATE - - Date project director signed application.
- AUTHORIZING OFFICIAL - - Name of official responsible for authorizing this application. County Administrator/City Manager/Town Manager are to sign for local jurisdiction grants.
- TITLE - - Occupational title of official.
- ADDRESS - - Business address of official.
- TELEPHONE - - Business telephone number of official.
- SIGNATURE - - Written signature of official.
- DATE - - Date official signed application.

APPLICATION FOR HIGHWAY SAFETY PROJECT GRANT BUDGET PROJECTIONS

			FEDERAL 80%	MATCH 20%
PERSONNEL		SALARY	\$	\$
CONTRACTUAL		FEE	\$	\$
COMMODITIES		COST	\$	\$
OTHER DIRECT COSTS		COST	\$	\$
	SUBTOTAL DIRECT COSTS:		\$	\$
INDIRECT COSTS		COST	\$	\$
	TOTAL: TO NEAREST DOLLAR		\$	\$

MATCH	DESCRIBE THE SOURCE OF INCOME THAT WILL PROVIDE THE REVENUE NOT FUNDED BY A GRANT AND THE AMOUNT OF MATCH (EG: YEARLY BUDGET APPROVED BY COUNTY = \$10,000.)
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DMV USE ONLY

BUDGET PROJECTIONS: DIRECTIONS

Prepare a breakdown of the projected budget necessary to operate the Highway Safety Project. For each entry indicate the amount of funds required from federal sources.

			FEDERAL 80%	MATCH 20%
PERSONNEL	List each position or job title required to operate the Highway Safety Project. Include the scope of responsibility for each (unless it is obvious from the title).	SALARY	\$	\$
CONTRACTUAL	Enter the name of individual consultants or firms to be engaged for performing special studies or data gathering pertaining to Highway Safety. Include for each the scope of services and the method used to calculate the fee for services contracted.	FEE	\$	\$
COMMODITIES	List the expendable materials that will be needed and used as part of the operation of the Highway Safety Project. (e.g., office supplies).	COST	\$	\$
OTHER DIRECT COSTS	List the costs that will be incurred by the agency or political subdivision in order to provide equipment, travel, maintenance and services for the operation of the Highway Safety Project.	COST	\$	\$
INDIRECT COSTS	<p>To include indirect costs the applicant must provide one of the following:</p> <ul style="list-style-type: none"> • Insert from TSS10B (get form from Project Monitor). • A copy of the letter from a federal agency that includes the Negotiated Indirect Cost Rate Agreement for your organization for FY05. • Submit an indirect costs budget not to exceed 10% of allowable direct costs. 	COST	\$	\$
TOTAL: TO NEAREST DOLLAR			\$	\$



PROJECT DESCRIPTION

APPLICATION FOR HIGHWAY SAFETY PROJECT GRANT

ANSWER ALL PARTS OF EACH QUESTION IN DETAIL. USE THE BACK OF THIS FORM OR PLAIN BLANK PAPER. IF ANY PART DOES NOT APPLY TO YOUR PROJECT, WRITE "N/A" FOR THAT PART.

1. PROBLEM DEFINITION -- You must. . .

- Completely describe the agency's highway safety problem.
- Discuss the magnitude (the size or extent) of the problem.
- Provide details of how this problem affects other highway safety areas.
- Prove that the problem exists using quantitative data and complete statistical information. If available, include three years of baseline data.

2. Project Objective -- State the objective of the project. It should relate to the problem solution and be in clearly quantified and measurable terms. Include a time frame for completing the planned levels of the program performance. (e.g., "Reduce rear-end collisions from 206 to 184 by October 200____.")

3. Problem Solution -- Describe in chronological order the steps your agency will take to achieve the Project Objective (as stated above); describe all activities aimed at solving the agency's highway safety problem regardless of any proposed or potential source of funds.

4. Project Tasks -- List each task or unit of work that must be accomplished.

Indicate the cost of each task and the amount to be supplied by each funding source.

e.g.:

1. Training 30 people

- \$15.00 per individual = \$450.00 total
- \$200 Federal funding
- \$25 State funding

5. Performance Indicator -- Indicate the level of change which is planned for each task identified above. These measures will be compared to the final accomplished results to determine the degree to which each objective was met.

e.g.:

Task

Performance Indicator

Training 30 people-----Increase trained personnel from 30 to 60.

6. Milestones -- List an approximate date (or milestone) on which you plan to start each task identified above.

7. Administrative Evaluations -- List those tasks for which data will be collected to use in preparing reports on your projects progress.